



National  
Aeronautics and  
Space  
Administration

# ECR Approval Document

## Environmental Compliance and Restoration (ECR) Program

| NASA CENTER                                      | ACTIVITY SITE LOCATION   | ENTERPRISE                     | REQUEST: BASIC<br>REVISED <input type="checkbox"/> REV #   |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
|--|--|--------------------------------|--|-----------------|-------------|-------------------------------------|-----------|---------------------------------------|---------------|-------------------------------------|----|----------------------------------|------------------------------|--------------------------------|------------------------------|--|--------|--|-----|--|-----|
| ECR ACTIVITY TITLE                               |  |                                | CENTER ACTIVITY ID NUMBER: _____<br>FEDPLAN NUMBER: _____  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| ACTIVITY DETAILS                                 |  |                                | <b>FOR HQ USE ONLY</b><br>HQ NUMBER (FPN): _____<br>FY FUNDS: _____<br>FUNDS SOURCE: _____<br>SBPD CODE: _____   |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| SCHEDULED START DATE: _____<br>(mm/dd/yyyy)      | ACTIVITY COST ESTIMATE: <input type="text"/>                           |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| SCHEDULED COMPLETION DATE: _____<br>(mm/dd/yyyy) |  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| ACTIVITY SCOPE/DESCRIPTION                       |  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| ACTIVITY ENVIRONMENTAL JUSTIFICATION             |  | PRIMARY REGULATORY REQUIREMENT | <b>ACTIVITY CATEGORY</b><br>STUDY PROJECT DESIGN <input type="checkbox"/> PROJECTIZED STUDY SMO <input type="checkbox"/> OTHER <input type="checkbox"/><br><b>ACTIVITY REGULATORY FOCUS</b><br><table><thead><tr><th>NON-REMEDIATION</th><th>REMEDIATION</th></tr></thead><tbody><tr><td>COMPLIANCE <input type="checkbox"/></td><td>PA-SI/RFA</td></tr><tr><td>CONSERVATION <input type="checkbox"/></td><td>RI/FS-RFI/CMS</td></tr><tr><td>PREVENTION <input type="checkbox"/></td><td>RD</td></tr><tr><td>CLOSURE <input type="checkbox"/></td><td>IRA <input type="checkbox"/></td></tr><tr><td>OTHER <input type="checkbox"/></td><td>ROD <input type="checkbox"/></td></tr><tr><td></td><td>RA/CMI</td></tr><tr><td></td><td>LTM</td></tr><tr><td></td><td>LTO</td></tr></tbody></table> | NON-REMEDIATION | REMEDIATION | COMPLIANCE <input type="checkbox"/> | PA-SI/RFA | CONSERVATION <input type="checkbox"/> | RI/FS-RFI/CMS | PREVENTION <input type="checkbox"/> | RD | CLOSURE <input type="checkbox"/> | IRA <input type="checkbox"/> | OTHER <input type="checkbox"/> | ROD <input type="checkbox"/> |  | RA/CMI |  | LTM |  | LTO |
| NON-REMEDIATION                                  | REMEDIATION  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| COMPLIANCE <input type="checkbox"/>              | PA-SI/RFA  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| CONSERVATION <input type="checkbox"/>            | RI/FS-RFI/CMS  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| PREVENTION <input type="checkbox"/>              | RD   |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| CLOSURE <input type="checkbox"/>                 | IRA <input type="checkbox"/>   |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| OTHER <input type="checkbox"/>                   | ROD <input type="checkbox"/>   |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
|  | RA/CMI   |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
|  | LTM  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
|  | LTO  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| APPROVALS  | OFFICE TITLE   | NAME / SIGNATURE               | DATE (mm/dd/yyyy)  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| SUBMITTAL:                                       | Center Environmental Management Board Member or HQ-JE Activity Manager |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| CONCURRENCE:                                     | HQ Enterprise (as required)  |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| CONCURRENCE:                                     | HQ Environmental Program Manager (Code JE)                             |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |
| APPROVAL:  | Director, Environmental Management Division                            |                                |  |                 |             |                                     |           |                                       |               |                                     |    |                                  |                              |                                |                              |  |        |  |     |  |     |